MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09148

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Anne's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Hill
LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) M. (Last) Clough
4. DATE OF DEATH: (Month) Sept (Day) 2 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE~~ MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)
8. DATE OF BIRTH: April 25 1872
9. AGE last birthday: 79 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Q.A. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frank Leverage
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Wm A Clough - (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

83a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/31, 1951, to 9/2, 1951, that I last saw the deceased alive on 9/2, 1951, and that death occurred at 8 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
W. Henry Fisher M.D — Centreville Md — 9/4/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 9-5-51 | NAME OF CEMETERY OR CREMATORY Church Hill | LOCATION (City, town, or county) Church Hill (State) Md

DATE REC'D BY LOCAL REG. 9-4 | REGISTRAR'S SIGNATURE Edgar L. Lane | 24. FUNERAL DIRECTOR Edgar L. Lane — ADDRESS Church Hill Md

RECEIVED
SEP 13 1951
BUREAU V. S.

Item 8 FilmG136 9/24/51 ww

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09149

CERTIFICATE OF DEATH

Reg. Dist. No. 251

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Queen Ann MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington rural 3 weeks
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Colbert Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Howe
STREET ADDRESS Water St. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Smith (Last) Fiber

4. DATE OF DEATH: (Month) Sept. (Day) 13 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb. 28, 1886

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fish Trader

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Fiber

14. MOTHER'S MAIDEN NAME: Hannah Knight

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Sadie Griffith Dover, Del

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Apoplexy. — Interval between onset and death: 15 days

334 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

83a (c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Nurse — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) bus Injury p.m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Aug 30, 1951, to Sept. 13, 1951, that I last saw the deceased alive on Sept. 13, 1951, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE: J. W. Hamilton (Degree or title) M.D. ADDRESS Millington DATE SIGNED Sept. 13/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept. 16, 1951 — NAME OF CEMETERY OR CREMATORY: Glenwood — LOCATION (City, town, or county) (State): Smyrna Del.

DATE REC'D BY LOCAL REG. 9-14-51 — REGISTRAR'S SIGNATURE: Edgar L. Lanel — 24. FUNERAL DIRECTOR: Pegram & Hayes — ADDRESS: Dover, Del.

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SEP 19 1951
BUREAU V. S.

09150

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH: COUNTY QUEEN ANNE'S MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GRASONVILLE
LENGTH OF STAY (in this place) 69 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD- COUNTY QUEEN ANNE'S
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GRASONVILLE
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) HOWARD (Middle) UPSHUR (Last) KING
4. DATE OF DEATH (Month) 9 (Day) 4 (Year) 1951
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH 8-15-79
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OYSTERMAN & CARPENTER.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) BALTIMORE, MD
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME William W King
14. MOTHER'S MAIDEN NAME Amanda Cox
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-07-7017
17. INFORMANT WIFE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: NONE.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (DEATH INSTANTANEOUS)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 4.00 p.m., from the causes and on the date stated above.

SIGNATURE Robert B. Miller (Degree or title) M.D. ADDRESS Centreville Md. DATE SIGNED 9-5-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 7-1951
NAME OF CEMETERY OR ~~CREMATORY~~ Chesterfield
LOCATION (City, town, or county) Centreville (State) Maryland
DATE REC'D BY LOCAL REG. Sept. 6-51
REGISTRAR'S SIGNATURE Helen M. Aldridge
24. FUNERAL DIRECTOR Barton Bros. ADDRESS Centreville Maryland

570246

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 13 1951
BUREAU V. S.

09151

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY ~~Kent~~ Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Sudlersville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Palmatory's Nursing Home near Sudlersville, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) High St.

3. NAME OF DECEASED (Type or Print) (First) Estella (Middle) A. (Last) Legg
4. DATE OF DEATH (Month) (Day) (Year) Sept. 2, 1951 19

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Oct. 27, 1876
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (State or foreign country) Kent Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Sparks
14. MOTHER'S MAIDEN NAME Anna Va. (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT AND ADDRESS Mrs. Mary L. Fowler Chestertown Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Dilatation

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

93d (c) Renal Arterial Sclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION no
19b. MAJOR FINDINGS OF OPERATION no
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) no m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to Sept 2, 1951, that I last saw the deceased alive on Aug 29, 1951, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M D ADDRESS Sudlersville Md DATE SIGNED 9/3/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 5, 1951
NAME OF CEMETERY OR CREMATORY Chester Cem
LOCATION (City, town, or county) (State) Chestertown, Md.

DATE REC'D BY LOCAL REG. 9-3-51
REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR J. Willis Wells - Chestertown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
SEP 19 1951
BUREAU V. S.

09152

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MIKE (Middle) — (Last) LOCKERMAN
4. DATE OF DEATH (Month) Sept (Day) 16 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH March 17-1878
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm work
10b. KIND OF BUSINESS OR INDUSTRY Labour
11. BIRTHPLACE (State or foreign country) Delaware
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Donat Knaw
14. MOTHER'S MAIDEN NAME Donat Knaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 066-20-5997
17. INFORMANT AND ADDRESS Carl Morris - Centreville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardio Failure Grade III	Aug 6, 1951
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension Cardio Vascular Disease	Years
93d	(c) Generalized Artosclerosis	Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. non

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 16, 1951, to Sept 16, 1951, that I last saw the deceased alive on Sept 7, 1951, and that death occurred at 10-30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
C. Rodney Layton MD Centreville Md Sept 17 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 18/51
NAME OF CEMETERY OR CREMATORY Hollywood Cemetery
LOCATION (City, town, or county) Harrington (State) Del.

DATE REC'D BY LOCAL REG. 9-17
REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR Barton Bros - Centreville, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 19 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09153

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 253

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Olivia (Middle) (Last) Smith

4. DATE OF DEATH (Month) Sept (Day) 28 (Year) 19[illegible]

5. SEX Female
6. COLOR OR RACE Wh
7. SINGLE, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify)
8. DATE OF BIRTH June 17-1924
9. AGE last birthday 27 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oyster Shucker
10b. KIND OF BUSINESS OR INDUSTRY Oyster
11. BIRTHPLACE (State or foreign country) Somerset Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Clifton Wright
14. MOTHER'S MAIDEN NAME Minnie Turfin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY No. 213-18-5564
17. INFORMANT AND ADDRESS Josephine Turfin (aunt)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W. Henry Fisher M.D. (Degree or title) ADDRESS Centreville Md DATE SIGNED 9/28/51
Deputy Med. Exam for Q.A. Co. Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 3-1951
NAME OF CEMETERY OR CREMATORY Upper Hill
LOCATION (City, town, or county) (State) Upper Hill Somerset Co Md

DATE REC'D BY LOCAL REG. Sept. 28-51
REGISTRAR'S SIGNATURE Elizabeth Hopter
24. FUNERAL DIRECTOR Charles Howard Marion Sta Md. ADDRESS

690 126

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09154

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

PLEASE WRITE PLAINLY, USING UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A16

1. PLACE OF DEATH: COUNTY Queen Ann — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barkley — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Q.Ann
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barkley
STREET ADDRESS (If rural, give location) R.F.D

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) E. (Last) Wright

4. DATE OF DEATH: (Month) Sept. (Day) 25 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: March 15, 1880

9. AGE last birthday: 71 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Rich

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Minnie Williams — 1100 N. Filbert St. Phila, Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Heart Disease — Interval Between Onset and Death: 10 years

443 X — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) —

932 — (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None — PLACE (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June 13, 19 51, to Sept. 25, 19 51, that I last saw the deceased alive on Sept. 25, 19 51, and that death occurred at 9:35 P. m., from the causes and on the date stated above.

SIGNATURE: W. H. Hamilton — (Degree or title) M.D. — ADDRESS: Millington Md — DATE SIGNED: 9/26/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept 30, 1951 — NAME OF CEMETERY OR CREMATORY: Barkley — LOCATION (City, town, or county) (State): Barkley Maryland

DATE REC'D BY LOCAL REG. 9-26 — REGISTRAR'S SIGNATURE: Edgar L. Lord — 24. FUNERAL DIRECTOR — ADDRESS: Calvin Elliott, Dover, Del.

Edgar L. Hare
Churchill

RECEIVED
OCT 10 1952
BUREAU V. S.